

Summer Food Service Program (SFSP) • DAILY MEAL COUNTS

Site: _____

Signature of
Site Supervisor: _____

Address _____

Phone: _____

Week of: _____

Meal: _____

Number of meals leftover from prior day:

Number of meals delivered/prepared:

Number of first meals served to children:

Number of second meals served to children:

Number of meals served to program adults:

Number of meals served to non-program adults:

Damaged/spoiled meals:

Meals leftover:

Money collected (if applicable):

M	T	W	TH	F	TOTAL

Meal: _____

Number of meals leftover from prior day:

Number of meals delivered/prepared:

Number of first meals served to children:

Number of second meals served to children:

Number of meals served to program adults:

Number of meals served to non-program adults:

Damaged/spoiled meals:

Meals leftover:

Money collected (if applicable):

M	T	W	TH	F	TOTAL

Site Supervisor's comments: _____

This form is available at www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/sfsp/mc1sfsp.pdf.
For more information on the SFSP, visit the Connecticut State Department of Education [SFSP](#) Web site.